PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE PADEMARY

Commissioner for Patents Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a separate unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated the property of the property maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

28513

7590

09/25/2003

BOEHRINGER INGELHEIM CORPORATION 900 RIDGEBURY RD **POBOX368** RIDGEFIELD, CT 06877

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Susan K. Pocchiari	(Depositor's name)	
Sun K. Pocchiaii	(Signature)	
October 7, 2003	(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/017,736	12/14/2001		e Thibeault	13/082	8889
TITLE OF INVENTION: PI	URIFIED ACTIVE HCV NS2	/3 PROTEASE			
	Control Control	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY			\$1600	12/26/2003
nonprovisional	NO	\$1300	\$300	\$1600	12/20/2003

nonprovisional	NO	\$1300	\$300	\$1600	12/26/2003
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS		
MOSHER, N	IARY	1648	435-068100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Robert P. Raymond 2 Susan K. Pocchiari

3 Mary-Ellen M. Devlin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Boehringer Ingelheim (Canada) Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

2100 Cunard Street

Laval, Quebec H7S2G5 Canada				
Please check the appropriate assignee category or category	ries (will not be printed on the patent);	☐ corporation or other private group entity ☐ government		
la. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
☑ Issue Fee	☐ A check in the amount of the fee(s) is enclosed.			
2 Publication Fee	Payment by credit card. Ferm PTO 2038 is attached.			
☐ Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2955 (enclose an extra copy of this form).			
		The state of the s		

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Susmer. Obchiane Reg. No. 45,016

october 7, 2003

NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/15/2003 RHEBRAH1 00000152 022955 10017736

બદાં સુ સ

TRANSMIT THIS FORM WITH FEE(S)